

12/19/01
U.S. PTO12/26/01
J1021 U.S. PTO 10/25/00
A
12/19/01UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.:	SC11333TH
First Inventor:	Colin MacDonald et al.
Title:	DETERMINISTIC PREDICTION IN AN IMAGE PROCESSING SYSTEM
Express Mail Label No.:	EL721537200US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

(see MPEP chapter 600 concerning
utility patent application contents)ADDRESS TO: BOX: New Patent Application
Commissioner for Patents
Washington, D.C. 20231

1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification Total Pages 26 (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Form (CFR)
-Descriptive title of the invention	b. <input type="checkbox"/> Specification Sequence Listing on:
-Cross Reference to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies);
-Statement Regarding Fed sponsored R&D	ii. <input type="checkbox"/> or paper
-Reference to sequence listing, a table,	c. <input type="checkbox"/> Statements verifying identify of above copies
-Background of the Invention	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
-Brief Summary of the Invention	10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee)
-Brief Description of the Drawings (if filed)	11. <input type="checkbox"/> English Translation Document (if applicable)
-Detailed Description	12. <input checked="" type="checkbox"/> IDS <input type="checkbox"/> 1 Copies of IDS Citations
-Claim(s)	13. <input type="checkbox"/> Preliminary Amendment
-Abstract of the Disclosure	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets 3	15. <input type="checkbox"/> Certified Copy of Priority Document
5. Oath or Declaration	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	17. <input checked="" type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Form PTO/SB/08 <input checked="" type="checkbox"/> Reference/AA
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed)	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76	

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in- Part (CIP)	Prior Appl. No. <input type="checkbox"/>
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Prior Appl. information: Examiner: Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23125	or	<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	512.996.6839	Fax
Name	Joanna G. Chiu	Registration No.	512.996.6854
SIGNATURE	Date 12/19/01		

FEE TRANSMITTAL

Patent fees are subject to annual revision

Complete if Known

Application Number

Filing Date

First Named Inventor

Examiner Name

Group Art Unit

TOTAL AMOUNT OF PAYMENT

(\$780.00)

Attorney Docket No.

SC11333TH

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number

13-4773

Deposit Account Name

Motorola, Inc.

Charge Any Additional Fee required under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity
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Fee	Fee	Fee	Fee
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Code	(\$)	Code	(\$)
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Fee Description

105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late Provisional filing
139	130	139	130	Non-English specification
147	2520	147	2520	For filing a request for ex parte Reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1840*	113	1840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	400	216	200	Extension for reply within second month
117	920	217	460	Extension for reply within third month
118	1440	218	720	Extension for reply within fourth month
128	1960	228	980	Extension for reply within fifth month
119	320	219	160	Notice of Appeal
120	320	220	160	Filing a brief in support of an appeal
121	280	221	140	Request for oral hearing
138	1510	138	1510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1280	241	640	Petition to revive - unintentional
142	1280	242	640	Utility issue fee (or reissue)
143	460	243	230	Design issue fee
144	620	244	310	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Processing fee under 37 CFR 1.17(q)
126	180	126	180	Submission of IDS
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))
179	740	279	370	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application
Other fee (specify) _____				

SUBTOTAL (1) (\$740)

2. EXTRA CLAIM FEES

Previously Paid**	Extra Claims	Fee from below	Fee Paid
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Total Claims 20	- 20	= 0	X 18	= 0
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Independent Claims 3	- 3	= 0	X 84	= 0
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Multiple Dependent			280	= 0
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Large Entity	Small Entity	Entity		
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Fee Code (\$)	Fee Code (\$)	Fee Description		
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103	18	203	9	Claims in excess of 20
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102	84	202	42	Independent claims in excess of 3
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104	280	204	140	Multiple dependent claim, if not paid
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109	84	209	42	* Reissue independent claims over original patent
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110	18	210	9	*Reissue claims in excess of 20 and over original patent
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SUBTOTAL (2) (\$0.00)

**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

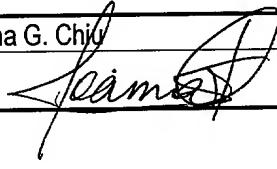
*For Reissues, see above

SUBMITTED BY

Name (Print/Type)

Joanna G. Chiu

Signature



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Date

12/19/01

SC11333TH